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**\*BIBDATASHEET\*****CONFIRMATION NO. 4594**

Bib Data Sheet

|   |   |                               |   |   |                                |
|---|---|-------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/056,774  | <b>FILING OR 371(c) DATE</b><br>01/24/2002<br><b>RULE</b>   | <b>CLASS</b><br>623           | <b>GROUP ART UNIT</b><br>3738   | <b>ATTORNEY DOCKET NO.</b><br>1416.35US01 |                                |
| <b>APPLICANTS</b><br>William R. Holmberg, New Richmond, WI;<br>Mario Osvaldo Vrandecic Peredo, Belo Horizonte, BRAZIL;  |   |                               |   |   |                                |
| <b>** CONTINUING DATA *****</b>   |   |                               |   |   |                                |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                               |   |   |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 03/25/2002</b>  |   |                               |   |   |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged <u>                    </u><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>WI | <b>SHEETS DRAWING</b><br>11   | <b>TOTAL CLAIMS</b><br>50                 | <b>INDEPENDENT CLAIMS</b><br>7 |
| <b>ADDRESS</b><br>27367   |   |                               |   |   |                                |
| <b>TITLE</b><br>CONDUIT FOR AORTA OR PULMONARY ARTERY REPLACEMENT   |   |                               |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>2820  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |